CS Form No. 212 Revised 2017

## PERSONAL DATA SHEET

WARNING: Any misinterpretation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM. 1, CS ID No. Print legibly. Tick appropriate boxes ( 🔲 and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. (Do not fill up. For CSC use only) BANDALAN 2 SURNAME NAME EXTENSION (JR., SR) FIRST NAME MARVIN MIDDLE NAME BAYNO 3. DATE OF BIRTH 09/15/1991 16. CITIZENSHIP **✓** Filipino ☐ Dual Citizenship (mm/dd/yyyy) by birth by naturalization BAYBAY CITY, LEYTE 4. PLACE OF BIRTH If holder of dual citizenship. Pls. indicate country: please indicate the details. 5. SEX ✓ Male Female Single **✓** Married 17. RESIDENTIAL ADDRESS N/A N/A 6 CIVIL STATUS Widowed ☐ Separated House/Block/Lot No Street N/A SAN ISIDRO Other/s: Subdivision/Villa Barangay BAYBAY LEYTE 7. HEIGHT (m) 1.58 City/Municipalit Province 65 8. WEIGHT (kg) ZIP CODE 6521-A 18. PERMANENT ADDRESS N/A N/A 9. BLOOD TYPE 0 House/Block/Lot No Street N/A SAN ISIDRO 10. GSIS ID NO. 2004171176 (BP) Subdivision/Village Barangay BAYBAY LEYTE 11. PAG-IBIG ID NO 1210-6477-1161 City/Municipality Province 13-000104968-3 12 PHILHEALTH NO. ZIP CODE 6521-A 13. SSS NO. 06-3309895-5 19. TELEPHONE NO. 14. TIN NO 429-108-264-000 20. MOBILE NO. 09363923419 15. AGENCY EMPLOYEE NO V-00941 21. E-MAIL ADDRESS (if any) aimarbandalan@gmail.com 22. SPOUSE'S SURNAME BANDALAN 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) FIRST NAME AILEEN NEEL AIMAR R. BANDALAN 03/16/2015 MIDDLE NAME ROLUNA OCCUPATION APPRAISER EMPLOYER/BUSINESS NAME PALAWAN PAWNSHOP **BUSINESS ADDRESS** TELEPHONE NO. 24 FATHER'S SURNAME BANDAI AN NAME EXTENSION (JR., SR) FIRST NAME LITO (DECEASED) MIDDLE NAME PEREZ 25. MOTHER'S MAIDEN NAME BAYNO SURNAME BIENVENIDA FIRST NAME MIDDLE NAME **MARTORILLAS** (Continue on separate sheet if necessary) SCHOLARSHIP/ ACADEMIC HIGHEST LEVEL PERIOD OF ATTENDANCE NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE YEAR LEVEL UNITS EARNED (Write in full) (Write in full) GRADUATED HONORS (if not graduated) RECEIVED From То ELEMENTARY SAN ISIDRO ELEMENTARY SCHOOL PRIMARY EDUCATION 1997 2003 N/A 2003 Valedictorian LEYTE STATE UNIVERSITY LABORATORY HIGH SECONDARY HIGH SCHOOL 2003 2007 N/A 2007 N/A SCHOOL (LSU-LHS) VOCATIONAL / TRADE COURSE COLLEGE VISAYAS STATE UNIVERSITY BS IN FOOD TECHNOLOGY 2007 2011 N/A 2011 N/A **GRADUATE STUDIES** VISAYAS STATE UNIVERSITY MASTER OF MANAGEMENT 2011 2016 27 N/A N/A SIGNATURE DATE 7-12-19 CS FORM 212 (Revised 2017), Page 1 of 4

. CARE		1080 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if ap	plicable)
	SPECIAL LA	WS/ CES/ CSEE ITY / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFER	MENT	NUMBER	Date of Validity
CAR	CAREER SERVICE PROFESSIONAL 80.19			10/16/2011	LEYTE NORMAL UNIVERSITY - TACLOBAN LEYTE			N/A	N/A
			(Con	tinue on separate shee	t if necessary)				
	EXPERIENCE					ned Work Ex	perience she	et.	
INCL	INCLUSIVE DATES (mm/dd/yyyy) From To  Start from your recent work) Description  POSITION TITLE (Write in full/Do not abbreviate)		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)	
2/01/2016	PRESENT	ADMINISTRATI	VE AIDE III	Visayas State University - Office for Auxiliary Services & IGP		11,914.00	3-1	Permanent	Υ
/01/2013	11/30/2016	ADMINISTRATIVE AID		Visayas State	University - Office for	7,040.00	N/A	JOB ORDER	N
10/2013	9/30/2013	OFFICE ADMINISTRAT		Auxiliary Services & IGP Visayas State University - Office for Auxiliary Services & IGP		5,280.00	N/A	JOB ORDER	N
16/2013	5/31/2013	PRODUCTION SI			) INTERNATIONAL	9,009.00	N/A	Probationary	N
0/08/2012	2/28/2013	CUT FLOOR TEA	M LEADER _	ALFA ALL FOOD ASIA		9,277.08	N/A	Probationary	N
7/11/2011	9/30/2012	ADMINISTRATIVE A		Visayas State University - Office for Auxiliary Services & IGP		5,280.00	N/A	JOB ORDER	N
			{Cc	ontinue on separate sh	eet if necessary)				
	NATURE	Nel.		DATE	7-12-17		CS FORM	1 212 (Revised 2017),	Page 2 of

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC . A-GOVERNMEN	/ PEOPLE / I	/OLUNTARY	ORGANIZAT.					
29. NAME & ADDRESS OF C (Write in fu			IVE DATES dd/yyyy) To	NUMBER OF HOURS		POSITION	/NATURE OF WORK		
N/A									
					1				
							·		
	(Con	tinue on separate	sheet if necessar	y)					
VII LEARNING AND DEVELOPMENT (L&D				Charles and the					
	on the most recent L&Ditreining program and include only the relevant L&Ditraining taken for the last five (5) years for Division Chief/Exec			Type of LD					
30. TITLE OF LEARNING AND DEVELOPMENT INT (Write in fu			NDANCE dd/yyyy)	NUMBER OF HOURS	( Managerial/ Supervisory/ Technical/etc)	CC	CONDUCTED/ SPONSORED BY (Write in full)		
FIRE FIGHTING AND RESCUE TRAINING		From 11/05/2018	To 11/09/2018	40.0	Technical				
FIRE PREVENTION AND SAFETY AWARENESS & E	ARTHQUAKE DRILL AND SOLID	07/20/18	07/20/18	8.0	Technical				
MANAGEMENT & DISPOSAL SYSTEM HIV IN THE WORKPLACE		12/09/2016	12/09/2016	4.0	TECHNICAL	AY			
VSUCC - BASIC COOPERATIVE COURSE SEMINAR		11/19/2016	11/19/2016	8.0	TECHNICAL	VSU CC			
DEFENSIVE DRIVING		10/26/2016	10/26/2016	8.0	TECHNICAL	LAND TRAN	SPORTATION OFFICE		
ISO 9001:2008 ORIENTATION AND WRITESHOP A	MONG CLERK AND SECRETARIES	9/21/2015	9/21/2015	8.0 2	TECHNICAL	VISAYAS ST	TATE UNIVERSITY		
BASIC SUPERVISORY TRAINING	11/23/2012	11/24/2012	16.0 2+1	SUPERVISORY	IRISH A. RA	GO			
AFNR TRAINING ON ENTERPRENEURSHIP		3/22/2011	3/26/2011	40.0 2+1+1+	TECHNICAL	DEPARTME	NT OF SCIENCE AND TECHNOLOGY		
TRANSGENIC PAPAYA: FROM RESEARCH TO CON	09/09/2008	09/09/2008	8.0	TECHNICAL	DR. ANTON	O C. LAURENIA			
<i>-</i>									
			-						
	(Cor	ntinue on separate	sheet if necessar	у)					
VIII. OTHER INFORMATION									
31. SPECIAL SKILLS and HOBBIES	33						BERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
COMPUTER LITERATE						PHILIPPINE ASSOCIATION OF FOOD TECHNOLOGIST- KAPPA STUDENT CHAPTEI			
BASKETBALL						KNIGHTS OF COLUMBUS			
1 - 7 - 7						VSUCC			
	ethe ether						VSU ADPA		
	The same of the sa								
	(Co	ntinue on separat	e sheet if necessa				T		
SIGNATURE	Or)		DATE	7-12	-19		CS FORM 212 (Revised 2017), Page 3 o		

( )

Vision Street						
34.	Are you related by consanguinity or affinity to the cointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be appointed,					
	a. within the third degree?		NO			
	b. within the fourth degree (for Local Government Unit - Ca	reer Employees)?	YES			
			If YES, give details RELATED	TO DR. LOURDES B. CANO		
35.	a. Have you ever been found guilty of any administrative of	ffense?	YES 🗸	NO		
			YES 2			
	b. Have you been criminally charged before any court?	been criminally charged before any court?				
			Status	s of Case/s:		
36.	Have you ever been convicted of any crime or violation of		✓ NO			
	by any court or tribunal?	If YES, give details:				
37.	Have you ever been separated from the service in any of t	he following modes: resignation,	☐ YES [	✓ NO		
	retirement, dropped from the rolls, dismissal, termination, out (abolition) in the public or private sector?	If YES, give details				
38.	a. Have you ever been a candidate in a national or local el	YES	✓ NO			
	Barangay election)?		If YES, give details:			
	b. Have you resigned from the government service during last election to promote/actively campaign for a national or	YES If YES, give details:	✓ NO			
39.	Have you acquired the status of an immigrant or permanel	YES	✓ NO			
		If YES, give details (country):				
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) M	oana Carta far Disablad Paragna /PA				
40.	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972	(이 유민을)이렇게 얼마나 하다는 다양이나 보면 하는 것이 되었다. 이 사람이 되었다면 하는데 되었다면 하다 하는데 되었다.				
a.	Are you a member of any indigenous group?		YES	☑ NO		
b.	Are you a person with disability?	If YES, please specify	/:   NO			
	, , , , , , , , , , , , , , , , , , , ,	Are you a person with disability !				
C.	Are you a solo parent?		YES If YES, please specify	☑ NO / ID No:		
41.	REFERENCES (Person not related by consanguinity or affinity to applican	t /appointee)				
	NAME	ADDRESS	TEL. NO.			
	ENGR. NESTOR M. ISRAEL	HIBUNAWAN, BAYBAY CITY, LEYTE	N/A	96		
	DR. ROBERTA D. LAUZON	BAYBAY CITY, LEYTE	N/A			
	DR. LUTGARDA S. PALOMAR	SAN AGUSTIN, BAYBAY CITY, LEYTE	N/A			
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertiperation of pertiperation in the provisions of pertiperation of pertiperation in the provisions of pertiperation in the provisions of pertiperation of pertiperation in the provisions of pertiperation in the provisions of pertiperation of pertiperation in the provisions of pertiperation in the provision in the provision in the provision in the provision in the pertiperation in the provision in the pertiperation in the pe	nent laws, rules and regulations of the presentative to verify/validate the content	e Republic of the nts stated herein. I	MARVIN B. BANDALAN		
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)					
1	LEASE INDICATE ID Number and Date of Issuance overnment Issued ID: DRIVER'S LICENSE					
lŀ	//License/Passport No.: H12-17-001820		The state of the s			
۱ŀ		)X)				
L	ate/Place of Issuance: BAYBAY CITY, LEYTE	Date Accomplished		Right Thumbmark		
	SUBSCRIBED AND SWORN to before me this 2	JUI 2019 , affiant exhibit		government ID as indicated above.		
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